

PROPOSAL FORM
Medical Malpractice
Annexure A – Events



Annexure A

- 1. In the last 12 months how many events has the Insured provided emergency services for? _____
- 2. Please provide estimated/anticipated number of events you will be attending to per annum? _____
- 3. Has the Insured ever rendered or may potentially in the future render medical support services at any potentially dangerous e.g. paintball/skydiving/motor racing/pyrotechnics etc. events? Yes No
If YES, please provide details

- 4. Does the Insured request participants or spectators at an event to complete a consent form before treatment is rendered? Yes No
If YES, please provide us with a copy of the consent forms
- 5. Does the Insured make use of volunteers (paramedics) for events? Yes No

If YES, please provide us with a copy of the contract between the Insured and volunteer. – if no contracts are signed please advise how records of the volunteers are kept i.e shifts, qualifications etc.

- 6. Do the volunteers use their own vehicles or does the client provide ambulance vehicles for the volunteers to use?

- 7. What is the maximum number of patients per event the Insured can accommodate (capacity)

- 8. What is the average paramedic to patient ratio? Paramedic _____ Patient _____

Privacy

In order to provide you with insurance, we have to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

Name of Proposer (print) _____
Designation _____
Date

Y	Y	Y	Y	M	M	D	D
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Signature